

# ORDER FOR SUPPLIES OR SERVICES

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|   |  |   |  |   |  |   |                    |   |                  |                     |                                 |  |
|---|--|---|--|---|--|---|--------------------|---|------------------|---------------------|---------------------------------|--|
| 1. CONTRACT/PURCH. ORDER/ AGREEMENT NO.<br>DAKF11-99-D-0005-  |  | 2. DELIVERY ORDER/ CALL NO.<br>0025                   |  | 3. DATE OF ORDER/CALL<br>2000Mar17  |  | 4. REQ./ PURCH. REQUEST NO.<br>W81PNH-0070-4000   |                    | 5. PRIORITY   |                  |                     |                                 |  |
| 6. ISSUED BY<br>ARMY ATLANTA CONTRACTING CENTER<br>INSTALLATION, LOGISTICS, & ENVIRONMENTAL<br>CONTRACTS<br>1309 ANDERSON WAY SW<br>FORT MCPHERSON GA 30330-1096  |  | CODE<br>DAKF11  |  | 7. ADMINISTERED BY<br><br><b>SEE ITEM 6</b>   |  | CODE  |                    | 8. DELIVERY FOB<br><input checked="" type="checkbox"/> DEST<br><input type="checkbox"/> OTHER<br><br>(See Schedule if other)                      |                  |                     |                                 |  |
| 9. CONTRACTOR<br>STANLEY ASSOCIATES INC<br>RALPH I. SEBACHER<br>300 N WASHINGTON STREET<br>SUITE 400<br>ALEXANDRIA VA 22314-2121  |  | CODE<br>6G280   |  | FACILITY  |  | 10. DELIVER TO FOB POINT BY (Date)<br><b>SEE SCHEDULE</b>   |                    | 11. MARK IF BUSINESS IS<br><input type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMEN-OWNED |                  |                     |                                 |  |
|   |  |   |  |   |  | 12. DISCOUNT TERMS  |                    | 13. MAIL INVOICES TO THE ADDRESS IN BLOCK<br>See schedule   |                  |                     |                                 |  |
| 14. SHIP TO<br><br><b>SEE SCHEDULE</b>  |  | CODE  |  | 15. PAYMENT WILL BE MADE BY<br>DFAS DEFENSE FINANCE AND ACCOUNTING<br>DIR OF NETWORK OPERATIONS<br>ATTN VENDOR PAY DIV DEPT 3200 8899 EAST<br>56TH STREET<br>INDIANAPOLIS IN 46249-3200 |  | CODE<br>HQ0105  |                    | MARK ALL<br>PACKAGES AND<br>PAPERS WITH<br>IDENTIFICATION<br>NUMBERS IN<br>BLOCKS 1 AND 2.  |                  |                     |                                 |  |
| 16. TYPE OF ORDER   |  | DELIVERY/ CALL<br><input checked="" type="checkbox"/> |  | PURCHASE<br><input type="checkbox"/>  |  | This delivery order/call is issued on another Govt. agency or in accordance with and subject to terms and conditions of above numbered contract.<br>Reference your quote dated _____ Furnish the following on terms specified herein. |                    |   |                  |                     |                                 |  |
| ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.               |  |   |  |   |  |   |                    |   |                  |                     |                                 |  |
| NAME OF CONTRACTOR  |  | SIGNATURE   |  | TYPED NAME AND TITLE  |  | DATE SIGNED (YYYYMMDD)  |                    |   |                  |                     |                                 |  |
| <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:  |  |   |  |   |  |   |                    |   |                  |                     |                                 |  |
| 17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE<br><br><b>See Schedule</b>   |  |   |  |   |  |   |                    |   |                  |                     |                                 |  |
| 18. ITEM NO.  |  | 19. SCHEDULE OF SUPPLIES/ SERVICES                    |  |   | 20. QUANTITY ORDERED/ ACCEPTED*  |   | 21. UNIT           |   | 22. UNIT PRICE   |                     | 23. AMOUNT                      |  |
|   |  | <b>SEE SCHEDULE</b>                                   |  |   |  |   |                    |   |                  |                     |                                 |  |
| * If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle   |  |   |  |   | 24. UNITED STATES OF AMERICA<br><i>Katherine E. Williams</i><br>BY: Katherine E. Williams CONTRACTING / ORDERING OFFICER   |   |                    | 25. TOTAL<br>\$11,524.00  |                  | 29. DIFFERENCES     |                                 |  |
| 26. QUANTITY IN COLUMN 20 HAS BEEN<br><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED<br><br>DATE _____ SIGNATURE OF AUTHORIZED GOVT. REP. _____ |  |   |  |   | 27. SHIP NO.<br><br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL                                     |   | 28. DO VOUCHER NO. |   | 30. INITIALS     |                     | 33. AMOUNT VERIFIED CORRECT FOR |  |
| 36. I certify this account is correct and proper for payment.<br><br>DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____   |  |   |  |   | 31. PAYMENT<br><br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL |   | 32. PAID BY        |   | 34. CHECK NUMBER |                     | 35. BILL OF LADING NO.          |  |
| 37. RECEIVED AT   |  | 38. RECEIVED BY                                       |  | 39. DATE RECEIVED (YYYYMMDD)  |  | 40. TOTAL CONTAINERS  |                    | 41. S/R ACCOUNT NO.   |                  | 42. S/R VOUCHER NO. |                                 |  |
|   |  |   |  |   |  |   |                    |   |                  |                     |                                 |  |

|                           |  |                |
|---------------------------|--|----------------|
| <b>CONTINUATION SHEET</b> | REFERENCE NO. OF DOCUMENT BEING CONTINUED<br>DAKF11-99-D-0005-0025 | PAGE<br>2 OF 7 |
|---------------------------|--|----------------|

NAME OF OFFEROR OR CONTRACTOR  
STANLEY ASSOCIATES INC

This is a firm fixed price (FFP) task order to provide logistical support to the USARC DCSOPS Pre-Exercise Conference for the Full Spectrum Tactical Water Training Package. This task order incorporates logistical task areas 1, 7 and 16.

Performance period : 17 March 2000 - 15 April 2000

Place of performance: Contractor's facility in Washington DC.

Contractor shall invoice per schedule below:

**OBLIGATION RECAP:**

Block 25, DD Form 1155 reflects total value of the task order.

Total Obligated: W81PNH-0070-4000 \$11,524.09

**Invoicing Instructions:**

Invoicing against reimbursable Contract line items. The contractor shall submit documentation to fully supported the amount claimed for payment.

a. The **contractor** shall submit invoice vouchers, SF 1034, Public Voucher for Purchases and Services, to the primary task order monitor identified in the performance Work Statement. Contractor is authorized to submit partial payment. Invoice may be submitted no more often than each two week period.

b. The **task order monitor** will review and approve the vouchers (SF 1034) using the form at attachment 10a to the LOGJAMSS Ordering Guide. Vouchers (SF 1034) will then be sent to the Administrative contracting Officer at the address below. SF 1034 will be processed within the allowable timeframe established in the Prompt Payment Act as amended.

Army Atlanta Contracting Center  
AFLG PRC (K. Williams)  
1309 Anderson Way SW  
Fort McPherson, GA 30330-1096  
Fax (404) 464 4194  
Email [williamk@forscom.army.mil](mailto:williamk@forscom.army.mil)

Payment will be made by the Defense Finance and Accounting Office as shown in Block 15 DD Form 1155.